Department of Code Enforcement

1200 Madison Ave, Suite 100 Indianapolis, Indiana 46225 Phone: (317) 327-1291 Email: Contractors@indy.gov



RENEWAL GENERAL CONTRACTORS APPLICATION

SOLE PROPRIETOR PARTNERSHIP	CORPORATION	LC
EXACT LEGAL NAME OF CORPORATION, LLC, PAR	RTNERSHIP or SOLE PROPRIETO	PR'S BUSINESS NAME (DBA)
NAME OF SOLE PROPRIETOR, PARTNER, OR OFF	FICER OF CORPORATION/LLC	
1. MAILING ADDRESS	2 PHYSICAL ADDRESS (RI	EQUIRED IF MAILING ADDRESS IS PO BOX)
1. CITY/STATE/ZIP CODE	2 CITY/STATE/ZIP CODE	
BUSINESS NUMBER FAX NUMBER	HOME NUMBER	EMAIL ADDRESS
If you would like to make changes to your company's a (Remember to include agents/applicants who are auth Indiana)		
FOR SOLE PROPRIETORS OR PARTNERSHIPS \	WITH NO EMPLOYEES, PLEASE I	READ AND SIGN BELOW:
Please be advised that employees at this time. If in the future employees are be provided.	hired, a certificate of insurance refle	has/have no ecting a policy of workman's compensation will
Signature	Date	
This application must be signed and dated. Signature for maintaining current listing information, in addition to coverage if applicable, and surety bond coverage before	o submitting proof of current genera	I liability coverage, workman's compensation
SIGNATURE OF OFFICER, PARTNER, OR SOLE PROPRIETOR RESPONSIBLE FOR LISTING	DATE	License # Processed by
		Date